

New Zealand Skydiving Association Inc.

Fit and Proper Person Form

Biographical Details of Applicant Seeking an NZSA Certificate, Rating, appointment or to be approved for a senior position or DZ operation

This form must be completed for each applicant and should be forwarded whenever requested by the New Zealand Skydiving Association Inc. (NZSA) or as required by NZSA Standards and Procedures. Additional sheets may be added as necessary.

1. APPLICANT DETAILS

(a) Name of Applicant	<input type="text"/>	
	Surname	First Name(s)
(b) Certificate No. ¹	<input type="text"/>	Nationality <input type="text"/>
(c) Date of Birth	<input type="text"/>	Place of Birth <input type="text"/>
(d) Sex	Male / Female <input type="text"/>	
(e) Business Address	(f) Residential Address	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

2. APPLICANT DECLARATION

I hereby certify that to the best of my knowledge and belief the statements made and the information supplied on this form are correct and that the enclosed copies of my personal documents are authentic and that the information shown on them is true and correct.

I hereby authorise the NZSA to use the information concerning me on this form or attached hereto for any purpose as required or authorised by Law and I authorise such information to be disclosed by the NZSA to any person who requires such information to carry out any function as lawfully directed by the NZSA. I consent to the disclosure by the New Zealand Police of any details of any convictions I may have pursuant to this application, to the CEO, NZSA.

Note: Such a disclosure may NOT include information relating to any discharge under S19 of the Criminal Justice Act 1985, or S347 of the Crimes Act 1961, or S282 of the Children and Young Persons and their Families Act 1989.

Signature of applicant: Date:

¹ Non NZSA members enter your foreign certificate number

3. QUESTIONNAIRE (TO BE COMPLETED BY THE APPLICANT)

THE INFORMATION SOLICITED HEREIN IS REQUIRED PURSUANT TO S9 AND S10 OF THE CIVIL AVIATION ACT 1990, WHICH PROVIDE FOR A FIT AND PROPER PERSON TEST TO BE SATISFIED

(a) Have you previously had an application for an aviation document rejected or have you been the holder of an aviation document which has been suspended or revoked (other than a licence that has been superseded by a replacement or a higher licence)?

If answering "Yes", please give details.

Yes No

Details:

(b) Have you been convicted in any court of law of any transport safety offence in the last five years or are you presently facing charges for a transport safety offence?

Yes No

(c) Have you been convicted on any criminal charge or are you presently facing charges for any criminal offence?

Yes No

(d) Have you any history of physical or mental health or serious behavioural problems?

Yes No

If answering "Yes" to question b, c, or d above, please provide details on separate sheets enclosed in a sealed envelope marked "Confidential, CEO, New Zealand Skydiving Association Inc. Include name, certificate number (if known) and certificate applied for.

The provision of false information or failure to disclose information which may be relied upon by the Director of the Authority, relevant to the grant or holding of an aviation document, constitutes an offence under S49 of the Civil Aviation Act 1990 and is subject, in the case of an individual, to imprisonment for a term not exceeding 12 months or to a fine not exceeding \$10,000; or in the case of a body corporate a fine not exceeding \$50,000.

The Director of the Authority reserves the right to require the applicant to provide further written evidence of any Ministry of Justice Criminal or Traffic Convictions history or foreign equivalent as a further determination of Fit and Proper Person status under S10 of the Civil Aviation Act 1990.

(This form is a copy of the CAA Fit & Proper Person form used by CAA to determine eligibility for the issue of a CAA aviation document)

New Zealand Skydiving Association Inc.

Phone/Fax: +64-9-238-0715, email ceo@nzsa.org